

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90014 004 ****61.25

DOCUMENT # N95000004390

1. Entity Name
GAMMA ETA EDUCATIONAL FOUNDATION, INC.



Principal Place of Business
**2039 CENTRE POINTE STE 103
TALLAHASSEE, FL 32308**

Mailing Address
**4834 BALLYGAR DRIVE
TALLAHASSEE, FL 32309**



2. Principal Place of Business

4834 Ballygar Dr.

Suite, Apt. #, etc.

3. Mailing Address

[REDACTED]

Suite, Apt. #, etc.

01092006 Chg-NP CR2E037 (11/05)

City & State
Tallahassee Florida

City & State

4. FEI Number
59-3338740

Applied For
Not Applicable

Zip

32309

Country

Leon

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLEMENTS, BUCK
2039 CENTRE POINTE STE 103
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name **Mike Ruff**
Street Address (P.O. Box Number is Not Acceptable)
2246 Monaghan Dr.
City **Tallahassee** FL Zip Code **32309**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature of G. Michael Ruff]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME YEARTY, JOHN A
STREET ADDRESS 4834 BALLYGAR DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE VD ☐ Delete
NAME RUFF, P M
STREET ADDRESS 2246 MONAGHAN DR
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE SD ☐ Delete
NAME MURRAY, EDWARD
STREET ADDRESS 3382 NE CAPITAL CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE TD ☒ Delete
NAME CLEMENTS, MERRITT R JR
STREET ADDRESS 2039 CLEMATIS POINTE BLVD STE 103
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☒ Delete
NAME WILLIAMSON, DENNIS
STREET ADDRESS PO BOX 1489 N/A
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☒ Change ☐ Addition
NAME Yearty, John A
STREET ADDRESS
CITY-ST-ZIP

TITLE President ☐ Change ☒ Addition
NAME Hume Coleman
STREET ADDRESS P.O. Drawer 810
CITY-ST-ZIP Tallahassee, FL 32302

TITLE TD Treasurer ☐ Change ☒ Addition
NAME Martin Rivenbark
STREET ADDRESS P.O. Box 10326
CITY-ST-ZIP Tallahassee, FL 32302

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature of J. G. Y. A.] Director

2-23-2006

850-668-9518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #